

**IN THE UNITED STATES DISTRICT COURT  
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA  
CIVIL ACTION NO.: 1:18-cv-1046**

Hui Minn Lee,  
*Plaintiff,*

vs.

Market America, Inc.,  
*Defendant.*

*Affidavit of Service*

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The undersigned, being first duly sworn, deposes and says as follows:

(1) I am Attorney of Record for the Plaintiff in the above-captioned action.

(2) On March 25, 2019, pursuant to Rule 4 of the Federal Rules of Civil Procedure, I served a copy of the Plaintiff's Summons, Complaint and Amended Complaint upon the Defendant, by certified mail, return receipt requested.

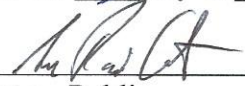
(3) Service was completed on March 27, 2019, as shown by the original domestic return receipt number 7015 0640 0001 4412 7079, attached hereto as Exhibit A.

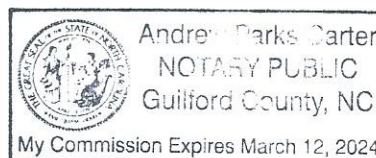
This the 3rd day of April, 2019.

Gray Newell Thomas, LLP

BY: /s/ Angela Gray  
Angela Gray  
7 Corporate Center Court, Suite B  
Greensboro, NC 27408


SWORN AND SUBSCRIBED before me  
this the 3 day of April, 2019.

  
Notary Public



My Commission Expires: March 12, 2024

**EXHIBIT A**

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<b>A. Signature</b> <input checked="" type="checkbox"/> <i>Derrick Bennett</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
<b>1. Article Addressed to:</b>  Market America, Inc. c/o Marc Ashley, Registered Agent 1302 Pleasant Ridge Road Greensboro, NC 27409-9415		<b>B. Received by (Printed Name)</b> <i>Derrick Bennett</i>	<b>C. Date of Delivery</b> <i>3-22-19</i>
		<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 3209 7166 3994 03		<b>3. Service Type</b> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<b>2. Article Number (Transfer from service label)</b> 7015 0640 0001 4412 7079		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt	